## PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

**Application or Docket Number** 

09459994

CLANIC ACTUE												
CLAIMS AS FILED - PART I (Column 1) (Column 2)							-	SMALL ENTITY  TYPE (			OTHER THAN OR SMALL ENTITY	
L	OR	NUMB	NUMBER FILED		NUMBER EXTRA		П	RATE	FEE	7	RATE	FEE
В	ASIC FEE								380.00	OF	* , ,	760.00
7	OTAL CLAIMS	1/0	// minus 20=			*				OF	X\$18=	
INDEPENDENT CLAIMS 3 = *							X39=		OR	X78=		
М	ULTIPLE DEPENDE		+130=		OR							
*	If the difference in c	ı	TOTAL	<del> </del> -	OR		760					
	CLA	IMS AS A	MENDE					OTHER	THAN			
	(Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	SMALL	
<b>AMENDMENT A</b>	MOUD	CLAIMS REMAINING AFTER MENDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total *	30	Minus	**	20	= 10		X\$ 9=		OR	X\$18=	180
	Independent * FIRST PRESENTA	TION OF MI	Minus	PENID		=		X39=		OR	X78=	
				LIND	LIVI CLAIM			+130=		OH	\+260 <b>₽</b>	
			•					TOTAL		QF	-TATAL	180
		Column 1)		(C	olumn 2)	(Column 3)	A	DDII. PEC	<u> </u>	•	ANY DEEL	
AMENDMENT B	AN	CLAIMS EMAINING AFTER IENDMENT		PR	HIGHEST HUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total *	30	Minus	**	30	=	L	X\$ 9=		OR.	X\$18≃	
	Independent * FIRST PRESENTAT	TION OF ML	Minus JLTIPLE DEF	PENDI	ENT CLAIM		E	X39=		OR	X78=	
7	10/104							+130=		OR	+260=	
1	K-1101						AD	TOTAL DIT. FEE		OR ,	TOTAL ADDIT. FEE	
_		olumn 1)	* * * * * * * * * * * * * * * * * * *			(Column 3)						
AMENDMENT C	RE	CLAIMS EMAINING AFTER ENDMENT		N PRE	IGHEST UMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total *	62	Minus	**	30	=	,	X\$ 9=		OR	X\$18≃	
	Independent *		Minus	***	3	=		X39=			X78=	
لــــ	FIRST PRESENTAT	ION OF MU	LTIPLE DEP	ENDE	NT CLAIM		$\vdash$			OR		
* If	f the entry in column 1 is	s less than the	entry in colum	nn 2 u	rite "O" in colu	mn 3	L	130=		OR	+260=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number (Second in the country).												

## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 9498999

## **Total Fee Calculation**

Total rec Calculation								
	Fee Code	Total # Claims	Number Extra	<u>x</u>	Fee	Fee = Total		
	Sm./Lg.				Sm. Entity	Lg. Entity		
Basic Filing Fee	201/101	$\bigcirc$ $\emptyset$			<u> </u>	<u>160 - 140</u>		
Total Claims >20	203/103	-20 =	<u> </u>	x	<del>9</del>	187		
Independent Claims >3	202/102	<u></u>		x	39	=		
Mult. Dep Claim Present	204/104				190	<u>UpU</u> = <u>100</u>		
Surcharge	205/105				<u>_ (0)</u>	150 - 151		
English Translation	139							
TOTAL FEE CALCUL	ATION .					<u>971</u> ,		
Fees due upon filing the application:								
Total Filing Fees Due	e= \$	890		· —				
Less Filing Fees Sub	mitted - \$	890	)	<del>_</del>	·			
BALANCE DUE	=\$							
Ashus:					·			

Office of Initial Patent Examination